

APPLICATION FOR RECLASSIFICATION OF PROPERTY

Owner's Name as Listed on Assessment Roll

Parcel Number

Mailing Address

City

State

Zip Code

()
Telephone Number

Remarks: _____

For Assessor's Use Date: _____
Allowed: _____ Disallowed: _____
Checked By: _____ Date: _____
Remarks: _____

AFFIDAVIT

STATE OF ARIZONA | §
County of Coconino |

The undersigned, being first duly sworn, deposes and says:

That he is the owner or duly authorized officer or agent of the property described below.

PROPERTY DESCRIPTION:

That _____% of the above described property is used for commercial or industrial purposes.

That _____% of the above described property is used for residential rental.

That _____% of the above described property is used solely and exclusively for and as the owner's home, or

- a. A natural or adopted son or daughter of the taxpayer or a descendant of either.
- b. A stepson or stepdaughter of the taxpayer.
- c. The father or mother of the taxpayer or an ancestor of either.
- d. A stepfather or stepmother of the taxpayer.
- e. A son-in-law, daughter-in-law, father-in-law, or mother-in-law of the taxpayer.
- f. A natural or adopted sibling of the taxpayer.

I make the foregoing statement with
the understanding that I am subject
to being penalized for perjury.

(Signature) _____

Title _____

SUBSCRIBED AND SWORN before me this _____ day of _____, 19____.

Assessor, Deputy Assessor or Notary